FERGUSON (F.C.)

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SOME FALLACIES IN GYNECOLOGY.

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Gynecology, like other departments of medicine and surgery, has made every advance in pathology, every improvement in the treatment of diseases peculiar to women, through the avenues of experiment and empiricism. As a necessary result, many fallacies which formerly were thought to be facts, have taken such deep root in both the professional and the non-professional mind, that many physicians have failed to appreciate or adopt the modern advances in gynecology, which have exploded much of the pathology of the writers a quarter of a century ago and shown the absurdity, in many instances, of their treatment.

It seems to be an inherent quality in the human mind to cling tenaciously to the old ways of doing things, and to look with suspicion upon the new and the novel, which threaten to supplant the old and effete.

To this reluctance of the average mind to even consent to investigate, much less to adopt the claims of new ideas which conflict

with views long held, is to be attributed the prevalence in the minds of many of the profession of certain fallacies that were once taught as facts, and their refusal to adopt the advanced thought and practice of those who, by patient toil and investigation, have shown the fallacy of many of the ancient tenets of gynecological practice.

Twenty-five years ago gynecology was in a crude and chaotic state; there were a hundred well worn fallacies to one well authenticated fact, and even the facts that have come down to us from the great men of that day, were so encumbered by false theories, so hedged about with the prejudices of preconceived opinions, so hampered with partisan spirit, that they failed to be appreciated at their true value.

There was the theory of Lisfranc and Recamier, so ably advocated by Dr. Bennett of Great Britain, and adopted by many of the leading gynecologists of this country, viz:—that inflammation was "the common factor and the great moving cause of uterine diseases;" the theory of Dr. Tyler Smith, "that a morbidly augmented secretion from the mucous glands of the cervical canal was the most essential factor in the production of uterine disease;" the theory of Velpeau of France, who contended that displacements of the uterus were the primary and the most important factors in uterine pathology, which

was adopted and advocated by Dr. Hugh L. Hodge of Philadelphia. It was he that popularized, in this country, the mechanical treatment of uterine diseases.

As early as the commencement of this century, gynecologists were divided into two classes, one of which maintained that local uterine disorders were the result and not the cause of constitutional derangements; the other, that uterine disease was the chief factor and the general condition dependent upon and resulting from it—a division that has been perpetuated even to our own times. And so I might enumerate other views of uterine pathology maintained by teachers of a past day; but the foregoing are sufficient to illustrate the crude and chaotic state of uterine pathology, when Sims in our own country, Baker-Brown of England, and Simon of Germany, laid the foundation upon which has been built the rational and scientific treatment of diseases peculiar to women.

In the advocacy of the foregoing views of the pathology of uterine diseases, each was right, and yet each was wrong. It illustrates the old story of the two knights who disputed about the composition of a shield. One maintained that it was made of silver, the other that it was composed of gold, and so they fell to fighting. The truth was that one side of the shield was gold, and the other silver. Each knight had looked only at one

side of the shield—each was right, and yet each was wrong.

And so in uterine pathology, it has turned out that all the various causes enumerated, and many more, are factors in the production of diseases peculiar to women.

It is an exceedingly unfortunate thing that the conflicting opinions and theories of our predecessors, regarding the pathology of uterine diseases, should have such a strong hold upon the popular and professional mind so many years after they have been proved to be erroneous. It is to some of these erroneous pathological and therapeutic ideas, resulting as they sometimes do in harmful treatment and sometimes in death, that I propose to call your attention to-day.

The first fallacy to which I shall allude, and it is a most pernicious one, is the pessary fallacy. As the result of the teaching of Prof. Hodge, who, a quarter of a century ago, adopted the theory that displacements of the uterus was the cause of almost all uterine ailments, the mechanical treatment by pessaries became a fad among the profession, and then was ushered in an era of pessary invention.

It seemed to be necessary that every physician, who made any pretension to special knowledge regarding diseases of women, should invent some kind of a pessary differing from all others in shape, size, and special

adaptation. The consequence is, that there are a hundred or more different kinds of pessaries now on the market, all having for their object the propping up of the womb in order to cure the versions, flexions and prolapses of that organ.

It is greatly to be deplored that this pessary craze still has a firm hold, not only upon women, but clings tenaciously to the majority of the profession. So thoroughly are we inoculated with the exclusive mechanical origin of uterine diseases, that the recent advances in uterine pathology, which have shown beyond a reasonable doubt that mechanical displacements, in the absence of complications, give rise to few and important symptoms, are wholly ignored.

When Lawson Tait says, "I hate pessaries," he echoes the sentiment of every progressive gynecologist.

It is not my purpose to enter into an indiscriminate and unqualified denunciation of pessaries, for there are some cases in which a well adjusted pessary serves a good purpose as an adjunct to the cure, or as a promoter of the comfort of the patient. What I wish to condemn is the indiscriminate, unscientific, and, I might add, criminal use of pessaries by amateur gynecologists, and by physicians who, although experienced in general practice, have neither the qualifications to select the proper cases in which mechanical

support to the uterus will be beneficial to the patient, nor the mechanical skill to properly adjust a pessary to such a case when found.

I know nothing in the whole range of gynecological operations that requires more skill and wider experience, than the selection of a proper pessary and its adjustment to a given case. It not only requires great diagnostic ability, but mechanical skill of a high order, and yet hundreds of physicians, who would not dare perform a laparotomy or perineorraphy, are daily, without previous training, inserting into the vaginas of their confiding victims these instruments of torture, under the fearful delusion that they are treat ng them in a scientific and rational way.

About eighteen months ago, during my absence in Europe, a lady whom I had under treatment for uterine hemorrhage, caused by endometritis, consulted one of the best known physicians of the city. Now, one peculiarity of this case was that the patient had a very deep pelvis and a correspondingly long vagina, so that it was almost impossible to reach the cervix with the index finger, and I had to purchase an extra long speculum to bring the cervix into view. I doubt if this brilliant physician ever touched the cervix with his finger; and I am quite sure he never brought it into view with the speculum; and yet he assured her that she "had falling of the womb," and immediately commenced

propping it up with pessaries, greatly to the injury of the patient, and of course damaging to his reputation as a physician.

Not long ago I was consulted by a woman who had been under the care of one of these believers in the mechanical origin of uterine disease. He had assured her that she had "falling of the womb," which he would cure in a short time with a pessary. Under the treatment she grew rapidly worse, her general health rapidly declined, and pelvic pain became unbearable. On examination I found the womb bound down by adhesions, the whole vault of the pelvis extremely tender, and a large ulcerated surface posterior to the cervix caused by the pessary. As the result of this maltreatment, the patient will probably have to submit to a laparotomy, which may cost her her life.

I can not enter into a discussion of the indications and contra indications of pessaries. To do so would consume my entire time, and I must depend upon those who shall kindly discuss this paper to touch upon that part of the subject. There can be no question, however, that the mal-use of pessaries by those whose only uterine pathology consists in versions and flexions and "falling of the womb," is responsible for a great deal of unnecessary suffering, has converted many curable cases into incurable ones, and oftentimes resulted in death.

Another fallacy which still clings to many of the profession, is the "ulceration-of-the-os" fallacy. However much our predecessors, a quarter of a century ago, may have been justified in calling "ulceration" that characteristic affection of the uterus, which is now known as "laceration," there can be no excuse to day for the perpetuation of this erroneous idea regarding the pathology of a lesion which is now so well understood. It may be said, in general terms, that no such thing exists as "ulceration of the os," except in malignant disease of that structure, when it is affected with chancre or chancroid, or ulcerative puerperal endometritis. It is possible, of course, that rare exceptions to this statement may occur; but it is true, nevertheless, that the so called "ulceration of the os," about which the older writers talked so much about, and which is being perpetuated by many physicians in our day, is a laceration of the cervix, the result of childbirth, with a secondary eroded epithelial surface.

Unfortunately the medical profession is, and has always been, hampered in its progress by men who live in the past, both pathologically and therapeutically, who are always found vigorously defending the old and denouncing the new.

Another fallacy to which I desire to call your attention, is that laceration of the cer-

vix necessarily requires an operation for its cure. I believe that much harm has been done by injudicious operations on torn cervices. While I believe that Lawson Tait has gone too far in denouncing Emmet's operation as one of the most useless ever invented, my experience has taught me that the great majority of cases of laceration of the cervix can be cured without subjecting the victims to the hazard of a dangerous operation, and the inconvenience of an enforced confinement in bed for two or three weeks. For several years prior to the death of the late Dr. Harvey, of blessed memory, I had the good fortune to be associated with him as his assistant in many of his operations. He was an enthusiastic advocate of Emmet's operation, and, as a matter of course, I became equally sanguine regarding it, and soon commenced doing the operation upon my own patients; wider personal experience, however, and closer observation has convinced me that it is an operation which is rarely necessary.

During the last year I have operated upon only one case of laceration of the cervix, while I have cured a dozen cases without operation. Indeed, what is there in the pathology of these cases that prevents their cure by judicious local applications? How does it happen that the surfaces of a lacerated perineum almost invariably heal in a short time, while the surfaces of a torn cervix so

often take on that condition known as erosion and ectropion? Why is it that some of the worst torn cervices heal rapidly and never give the woman the least trouble, while other apparently insignificant tears present, in a few weeks, all the classical features of the disease?

During the last two or three years I have been struck with the extraordinary frequency with which endometritis accompanies these cases. Until within the last year, I have attributed this endometritis to an extension of inflammation from the cervix to the body of the uterus. Closer observation, however, and more careful inquiry into the history of these cases have convinced me that the "erosion of the os," the endocervicitis, the ectropion of the mucous membrane, the diseased Nabothian glands are, in the majority of cases, secondary to the endometritis, which is itself the main cause of both the objective symptoms and the subjective phenomena of the disease. That is to say, that the diseased condition of the cervix is caused and perpetuated by inflammatory discharges from the mucous membrane lining the cavity of the body, of the Fallopian tubes, or both.

To illustrate how I came to change my views regarding the etiology, the evolution and the treatment of lacerated cervix, I will, as briefly as possible, relate the following case:

About one year ago, I was called to see Mrs. R., a primipara living in a small town in Illinois. One week previously she had had a miscarriage at about the sixth month. Shortly after delivery she was taken with severe after-pains and hemorrhage. These pains, with occasional severe hemorrhage, continued up to the time of my visit, when she was almost exsanguinated. The os was torn upon the left side, completely up to the vault of the pelvis, and discharging an extremely fetid lochia. It was very tender upon touch, and involution had not taken place. It was a case of metritis, resulting from the retention and decomposition of placental tissue. I curetted the uterus, removing several fragments of placenta and membrane, washed out the cavity with an antiseptic solution, and applied equal parts of the tincture of iodine and carbolic acid. The patient had no recurrence of hemorrhage, and under hot vaginal douches the tenderness gradually disappeared, but her convalescence was slow. Three months afterward she visited me at my office. Her health was most miserable. She had "pains in the back," "continued bearing down pain," a profuse leucorrheal discharge, which, to use her own words, "made sores on the outside." Examination revealed the typical eroded and everted os, discharging a thick, tenacious, purulent looking fluid. The sound entered 3½ inches, and

its withdrawal was followed by blood. The curette removed a quantity of fungous vegetations. Under treatment applied to the uterine cavity once a week for six weeks, the laceration completely disappeared, and in two months she was apparently well.

Since that time, by careful inquiry, I have succeeded, in nearly every case of laceration that has come under my treatment, in getting a history dating back to a miscarriage or labor, with symptoms immediately following that warranted the diagnosis of a primary puerperal metritis or endometritis. Indeed, what is there in the anatomical structure of the cervix that can prevent nature from promptly healing it, provided there be not an acrid discharge flowing over the torn surface?

Of course I may be mistaken in my views regarding the etiology of that diseased condition of the cervix, which so frequently follows upon laceration; but whether I am right or wrong, I do know, from my own personal experience and observation, that nearly all cases of laceration of the cervix can be cured without Emmet's operation

Another widespread fallacy among the physicians, and entertained almost universally among women, is that the "change of life" is necessarily a period of peculiar peril, and of intense suffering. Nothing could be further from the truth, or more harmful in its results, than this fallacy. Menstruation is

a physiological function established by the normal evolution of the ovaries, tubes and uterus, together with their nervous ganglia. Its appearance in a perfectly healthy girl is marked by no special phenomena of a disturbing or distressing character. Its disappearance is the gradual and necessary cessation of a physiological function, and it is not necessarily, and indeed is never in the healthy woman, accompanied with those distressing symptoms, viz.—pain, hemorrhage, profuse vaginal discharges, etc., which are commonly thought to be inseparable from this change. It is quite too common for physicians, who should be more fully informed upon this subject, to assure women who have arrived at the age when the menopause is expected, that pelvic pain, uterine hemorrhage, distressing leucorrhea, pruritus vulva, etc., are constant and necessary accompaniments of the "change of life," and will disappear when menstruation finally ceases. Such crude, unscientific and dangerous notions regarding the pathology of the menopause are unworthy of the physician of this age. They are the pernicious teachings that have resulted in the sacrifice of many valuable lives that might have been saved by timely and skillful treatment. A woman who has arrived at the age when the disappearance of the menstrual function may be expected, will not, if she have good health and no organic disease of the reproductive

organs, suffer anything more than slight nervous symptoms, such as flushes, slight headaches, etc., the result of vaso-motor disturbance. If she have pain or hemorrhage, or profuse leucorrhea, singly or combined, it is almost certain that she is afflicted with organic disease somewhere within the genital tract, as cancer, fibroid tumor, endometritis, salpingitis or ovaritis.

During the past year I have been consulted by four women, aged respectively thirty, forty, forty-five and fifty years, all of whom had been under the care of most excellent practitioners, in whose hands I would trust my own life were I afflicted with any general malady. Each of these poor women had been treated for the "change of life"—had been told that when the menstrual periods ceased to appear all their sufferings would vanish. All of them had cancer of the cervix uteri in an advanced stage. It was too late for operative interference to be of any benefit, and all of them are progressing slowly, but surely, to their graves.*

Gentlemen, it is a fearful thing thus to trifle with human life. I do not envy that physician, no matter how honored by his profession or the community in which he lives, who, because of his want of information and

*Since writing this paper, three of these women have died.

lack of special training in the diagnosis and treatment of diseases peculiar to women, permits a confiding woman to progress with malignant disease to the very verge of the grave, under the impression that her health will be restored when the menopause is complete. What a fearful mistake for a physician to make! What a fearful thing it is to take into one's hands the issues of life or death, even when one is conscious of having neglected no opportunity to inform himself upon the latest advances in our science; and what a fearfully wicked thing it is for the physician to assume to know that which he does not, and through the egotism of ignorance become responsible for the death of a confiding and trusting woman!

Another fallacy, which seems to have a firm hold upon the minds of many physicians, is that *pruritus vulvæ* is frequently a neurosis; that is to say, that it is of centric origin, without any lesions of structure or accompanying affections to account for it. While I do not deny that rare cases may occur, of purely neurotic origin, my experience leads me to believe that in almost all cases, where the uncleanly habits of the patient will not account for it, the trouble can be traced to some pre-existent disease in the vagina, the uterus, the oviducts, or the bladder. The failure of physicians to recognize this fact has caused many women years of suffering

and isolation from society and friends, has driven many to the opium habit, many others to insanity and suicide, that, with proper treatment, might have been cured in a few weeks or months.

A most distressing case, of several years' standing, was referred to me recently by a brother practitioner. She had been treated by all kinds of applications to the parts affected, and the whole gamut of the *materia medica* had been run in the vain search for something that would give her relief from suffering. The skin covering the lower part of the abdomen, the vulva, and the inside of the thighs, was in a chronic state of congestion and inflammation, with a plentiful crop of small boils scattered over the surface. The constant itching and burning sensations, always aggravated at night, had broken down her general health, and worn out with constant suffering she longed for that rest which it seemed only death could give. Upon inquiry she stated that she had never had leucorrhea, or other symptoms that would lead her to suspect that she had any disease of the uterus. And yet, upon examination, I found the uterus retroflexed and apparently bound down by adhesions, the os gaping widely, from which issued a yellowish, tenacious discharge. Here was the cause of all her years of suffering. I dilated the cervix, and curetted the uterine cavity, after which

an application of equal parts of tincture of iodine and carbolic acid was applied to the endometrium once a week, under which she rapidly improved. In the course of five or six weeks, I succeeded in lifting the fundus of the uterus out of the hollow of the sacrum, straightened its canal with a self-retaining intra-uterine stem of my own devising, and anchored it in its normal position with an Albert Smith pessary. She is now practically well.

There are many other fallacies, very prevalent in the profession, upon which I might dwell, such as the fallacy that cancer of the uterus is always accompanied by acute, lancinating pain, when the fact is that it is never characterized by pain until the disease has extended to the surrounding tissues; but the limit assigned to papers by the Society will not permit me to speak further upon the subject.